

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004051

1. Corporation Name

L'EGLISE BAPTISTE DU TABERNACLE, INC.

REINSTATEMENT 07



600025224276
12/04/03--01018--003 **236.25

Principal Place of Business

Mailing Address

7900 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

7900 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3456 5th Ave North~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~3456 5th Ave North~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/28/2002

5. FEI Number

04-3629001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State
~~St Petersburg, Florida~~
Zip Country
~~33713 U.S.A~~

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~~St Petersburg, Florida~~
Zip Country
~~33713 U.S.A~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	Pierre Lamy Eliacin 2690 Drew St. Apt. 126	2690 Drew St Apt. 126	Clearwater, FL, 33705
T	Nadège St Jacques	5325 4th St South	St Petersburg, FL 33705
T	Kettelie Charles	5463 B Lynn Lake Dr S.	St Petersburg, FL 33712

8. Name and Address of Current Registered Agent

SAINT JACQUES, OLIANT
7900 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

saint Jacques Oliant
5325 4th st South
St Petersburg, FL 33705

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Pierre Lamy Eliacin
REGISTERED AGENT MUST SIGN

Date 11-20-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Pierre Lamy Eliacin Pierre LAMY ELIACIN 11/20/03 (727) 712 8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)